



## CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

# Long Stay Infants

This document should be read in conjunction with the [Disclaimer](#)

## Individualised Care Plans

Care Plans developed in collaboration with the infant's parents, are valuable in guiding appropriate family centred care of the infant. They provide a clear outline of the infant's special needs and parents' role in the daily care of the infant, thus reducing confusion and misunderstanding between staff and parents.

Individualized plans should reflect the infant's physical care needs and developmental needs and be agreed upon by the nurse and family. Include parents' visiting pattern, breast feeding plans, behavioral cues and timing of cares to be provided by parents. The Paediatric Physiotherapist is available to develop individual Positioning and Developmental Play Programs and support for parents and nursing staff in the areas of handling, infant attachment and infant mental health.

Care plans should be kept at the bedside and updated at least weekly.

## Medical and Nursing Team

The allocation of a named consultant, senior nurse and social worker to the family and regular team meetings will provide a degree of continuity for the parents of complex care/long term infants. Lengthy periods of hospitalization can be very challenging for parents, medical and nursing team members can help the family cope by building a rapport and trusting relationship; by providing consistent information, guidance and referral to appropriate resources. Allow parents to discuss concerns, and discuss the challenges of a lengthy or difficult period of infant hospitalisation.




All team meetings should be documented in the progress notes so all staff are aware of discussions that have occurred and can assist with continuity of care.

## Parents that Return to the Country

Nursing staff should provide a weekly photograph and letter to the parents. Parents should be informed as soon as possible (by telephone) of any changes in the infant's condition and/or treatment such as the need for blood products, septic screen, assisted ventilation. Sometimes country parents do not have direct access to a telephone - the local child health nurse or community nurse may be able to assist in arranging telephone contact when discussion between the medical and/or nursing staff and parents is required.

## Documentation

Record parent-infant interactions, telephone calls and all visits and cuddles. Document and discuss specific concerns regarding parenting issues with the social worker.

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